AMEN	Docket No. 02796/0202443-US0					
Application		Filing I		Examiner	Art Unit	
10/523,569-Conf. #5858		January 2	7, 2005	V. S. Chang	1771	
plicant(s): Osa	mu Chujo et a	l				
	MAL INSULATI AINER AND MI			RMAL INSULATION THE SAME	N FOAMED	
	TO	THE COMMI	SSIONER FO	OR PATENTS		
ransmitted here	with is an ame	ndment in the	above-identif	ied application.		
ne fee has been	calculated an	d is transmitte	d as shown b	elow.		
			S AS AMEN	DED		
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present	Rate		
Total Claims	18	- 20 =	0	х		
Independent Claims	4	- 4 =	0	x		
Multiple Depend	lant Claima (ah	ack if annliagh				
manapic Depend	iciti olaliilo (oli	ок п аррпоаві	<u> </u>			
Other fee (pleas	120.00					
TOTAL ADDIT	120.00					
_				Small Entity		
x Large Entity						
≓ * ′	al fee is require	d for this amer	ndment.	_		
No additiona	al fee is require			n the amount of \$		
No additiona		ount No	04-0100 i	n the amount of \$ _		
No additiona Please charg A duplicate of	al fee is require ge Deposit Acc copy of this sh	count No0	04-0100 i	_		
No additiona Please charg A duplicate of	al fee is require ge Deposit Acc copy of this sho ne amount of \$	count No0	04-0100 i l. to cover	n the amount of \$ _ the filing fee is enc		
No additional Please charge A duplicate of A check in the X Payment by	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card in t	eet is enclosed	04-0100 i l. to cover \$120.00.	the filing fee is enc	losed.	
No additional Please charge A duplicate of A check in the X Payment by	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card in t	eet is enclosed	04-0100 i l. to cover \$120.00.	_	losed.	
No additiona Please charg A duplicate of A check in the X Payment by X The Director as described	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card in to is hereby auth d below.	eet is enclosed he amount of solutions of the control of the cont	04-0100 i l. to cover \$120.00.	the filing fee is enc	losed.	
No additionar Please chare A duplicate of A check in the X Payment by X The Director as described X Credit and	al fee is require ge Deposit Accopy of this shine amount of \$ credit card in to is hereby auth d below.	bount No	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc	osed.	
No additionar Please chare A duplicate of A check in the X Payment by X The Director as described X Credit and	al fee is require ge Deposit Acc copy of this shine amount of \$ credit card in to is hereby auth dibelow.	the amount of shorted to characteristics to characteristics application of applications of applications and the shortest and	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc	losed.	
No additions Please charge A duplicate of A check in the X Payment by X The Director as described X Credit at X Charge a X X X X X X X X X X X X X X X X X X	al fee is require ge Deposit Acc copy of this shi ne amount of \$ credit card in to di below. ny overpayment any additional fill	the amount of shorted to characteristics to characteristics application of applications of applications and the shortest and	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc Deposit Account N fees required under	osed.	
No additions Please charg A duplicate of A check in the X Payment by X The Director as described X Credit at X Charge of A cha	al fee is require ge Deposit Accopy of this shine amount of \$ credit card in to is hereby auth di below. In y overpayment any additional fill	count No	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc Deposit Account N fees required under	osed. 0. 04-0100 37 CFR 1.16 and 1.17.	
No additional Please char A duplicate of A check in the control of	al fee is require ge Deposit Accopy of this sh- ne amount of \$ credit card in to is hereby auth d below. ny overpayment any additional fill and the son Reg. No.: 52,	count No	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc Deposit Account N fees required under	osed. 0. 04-0100 37 CFR 1.16 and 1.17.	
No additional Please chart A duplicate of A check in the X Payment by X The Director as described X Credit at X Credit at X Charge of X Ch	al fee is require ge Deposit Accopy of this sh- ne amount of \$ credit card in to is hereby auth d below. ny overpayment any additional fill and the son Reg. No.: 52,	count No	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc Deposit Account N fees required under	osed. 0. 04-0100 37 CFR 1.16 and 1.17.	
Please charg A duplicate of A check in the control of the control X Payment by X The Director as described of the control of t	al fee is require ge Deposit Accopy of this sh- ne amount of \$ credit card in t is hereby auth to below. ny overpaymen any additional fill son Reg. No.: 52, BY P.C. York 10150-1	count No. Copet is enclosed he amount of shorized to charant.	04-0100 i . to cover \$120.00. ge and credit	the filing fee is enc Deposit Account N fees required under	osed. 0. 04-0100 37 CFR 1.16 and 1.17.	

	red to respond to a collection of information unless it displays a valid OMB or Complete if Known								
Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Application Number 10/523,569-					
				Filing Date First Named Inventor Examiner Name		January 27, 2005			
						Osamu Chujo			
						V. S. Chang			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1771			
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attomey Docket I	No.	02796/0202443-US0			
METHOD OF PAYM	ENT (check all t	hat apply)							
Check X Cred	it Card N	Ioney Order	Non	e Other (olease iden	tify);			
Deposit Account	Deposit Account Numb	or 04-0100 De	posit Aco	unt Name:	1	Darby & Darby	/ P.C.		
For the above-io	fentified deposit	account, the Dir	rector is	hereby authorize	d to: (che	ck all that apply)		
Charge fe	e(s) indicated be	low		Charge	e fee(s) in	dicated below,	except for the	filing fe	
X Charge ar	v additional fee(s	s) or underpayn	nents of		any overp			•	
fee(s) und	fer 37 CFR 1.16				any overp	ауптотко			
FEE CALCULATION									
. BASIC FILING, SEAF		IINATION FEE G FEES		RCH FEES	EVAMI	NATION FEES			
		Small Entity	SLA	Small Entity	EXAMI	Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Pal	ld (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
. EXCESS CLAIM FEE	S							nall Entit	
ee Description							Fee (\$)	Fee (\$)	
Bach claim over 20 (inc							50	25	
Bach independent claim		ig Keissues)					200	100	
Multiple dependent clai			_				360	180	
		ee (\$)	Fee P	aid (\$)		lultiple Depend			
HP = highest number of tota	0 x	rooter then 20			E	ee (\$)	Fee Paid (\$)		
-		ee (\$)	Foo E	aid (\$)	_				
4 .4=	0 ×	=	1001	uiu (o)					
HP = highest number of ind		for, if greater than	3.						
3. APPLICATION SIZE									
If the specification and		d 100 sheets of	f paper	excluding electro	onically f	iled sequence o	r computer		
listings under 37 C					or small e	ntity) for each	additional 50		
sheets or fraction th	tereof. See 35 U	I.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).					
Total Sheets	Extra Sheets		f each a	dditional 50 or frac			Fee Pa	iid (\$)	
100 =		/50		(round up to a who	le number)	*	=		
 OTHER FEE(S) Non-English Specifi 	action \$130 fo	a (na amali anti	iter dinne				Fees Pa	ald (\$)	
	Cauon, p130 le	c (no sman ent	ny aisce	min)					

Date

April 4, 2007

Name (Print/Type) Dianna Goldenson